Connecticut State Medical Society
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Connecticut State Medical Society Testimony in Opposition to
Senate Bill 7161 An Act Revising the Definition of Advanced Nursing Practice
Presented to the Public Health Committee
Monday, March 5, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee, on behalf of the more than 7,000 members of the Connecticut State Medical Society (CSMS), we present this testimony to you today in opposition to House Bill 7161, An Act Revising the Definition of Advanced Practice Registered Nursing. This legislation would grant nurse practitioners, nurse psychotherapists, and certified nurse anesthetists, the authority to independently practice within a broad and vaguely defined scope of what is now considered the licensed practice of medicine.

While we have met with, listened to, and understand concerns raised by our nursing colleagues regarding difficulties in identifying collaborating physicians in what appears to be very limited situations, we have received no specific information regarding the frequency of such occurrences, nor the direct impact on access to care in Connecticut. While we offer to work with our nurse colleagues when such situations arise, we cannot support what clearly is a significant and unprecedented expansion of scope of practice in Connecticut.

In the last few years, it is true that advanced practice nurses have assumed some very specific and limited responsibilities and functions in collaboration with licensed physicians that in the past have been regarded beyond the scope of nursing. However, in these limited cases there existed a critical bond between the APRN and collaborating physician that ensured that the patient received the right care for the right reason at the right time. These functions have been mutually identified by the two parties; the physicians have assessed the abilities and talents of the APRN and there is an assurance that physicians are willing to assume responsibility for how and when that treatment is delivered based on a set of protocols that have been established prior to the medically necessary determined services and treatment provided by the APRN.

By removing the requirement for collaboration with a physician, it will be the APRN that must now decide if there are any underlying concerns that may affect the patient and also what consequences will be presented to the patient whether the APRN is working with a patient with a single episode of care or with a patient with multiple comorbidities that involves complex and often varied treatment modalities. In fact, if passed, this bill would allow APRNs to open their own practices to evaluate, diagnose, and provide treatment for potentially complex and life-threatening disease, as well as prescribe, administer, and dispense medications to patients, including controlled substances that require the development of a treatment plan for the patient. All of this would take place without the benefit of oversight from a licensed physician.

We do not believe that in the name of quality of care you can substitute the care by an APRN for the medical and technical skills and knowledge of a licensed and practicing physician in Connecticut.

A physician's medical education and training is fundamentally different than that of a nurse's nursing education and training. Medical education and training is more extensive in the depth of clinical judgment and in scientific rigor. Physicians must have a minimum of ten years of post-secondary training in patient diagnosis and therapeutics just to be licensed in this state. The vast majority of physicians have additional years of education and training. Medical education and training provide the knowledge base necessary to understand and handle the vast array of illnesses and injuries that are presented in a direct patient care practice. This knowledge cannot be learned in a few years of college-level training or related masters' studies. Physicians complete on average 3200 hours of clinical training in medical school and 9000 hours during residency compared to 500 for APRNs. In addition, physicians must complete a minimum of 50 hours of continuing education every two years by statute and receive much more through more stringent requirements of hospitals and insurance panels.

There is no substitute for the education, training and skills of a physician. CSMS is very concerned with the suggestion that an APRN could act as a surrogate for a physician in delivering medical care to patients in Connecticut. We do not believe that there is evidence that patients are being unserved or underserved due to the retirement of physicians and we have pledged to work with the various nursing organizations to resolve any limited situations where there may be a need for a form of transition where an APRN is involved. The current provisions in Connecticut law are already very accommodating to nurses and we believe protect the interests and medical needs of our patients.

Again, patients will not be well-served if advanced practice nurses are allowed to practice and prescribe independently, without appropriate physician direction, knowledge and involvement. Every patient deserves the confidence of knowing that a fully trained physician is involved in the course of his or her medical care.

Please reject the concept of independent practice of APRNs and work with the CSMS in identifying the circumstances where we can assist our colleagues in creating opportunities for them to continue to benefit from collaboration with a physician in the treatment and care of patients. We are concerned first and foremost about the medical care received by the patients of Connecticut and we believe that licensed and well-trained physicians are the best able to identify, diagnose, treat and monitor patient illness and disease and when necessary and clinically appropriate, provide the medical and surgical procedures necessary for quality patient outcomes.